



17555 PEAK AVENUE  
MORGAN HILL, CA  
95037-4128

GENERAL: 408-779-7237  
FAX: 408-778-1564  
WWW.MORGAN-HILL.CA.GOV

## CLAIM FOR DAMAGES

Please submit completed claim form, adding additional sheets as necessary, to the City Clerk at the above address.

### Office Use Only:

|               |  |
|---------------|--|
| CLAIM NO.     |  |
| 45-Day Period |  |

**Note: Claims must be filed within 180 days of incident. See Government Code Section 900 et seq.**

### PLEASE PRINT

1. Claimant's Name \_\_\_\_\_

2. Claimant's Address:

Street or P.O. Box \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

3. Amount of Claim: \$ \_\_\_\_\_ (Please attach copies of bills/estimates.)

If amount claimed is more than \$10,000.00 indicate where jurisdiction rests:

\_\_\_\_\_ Limited Civil Case

\_\_\_\_\_ Unlimited Civil Case

4. Address to which notices are to be sent, if different from line 1 and 2 above.

Name: \_\_\_\_\_

Street or P. O. Box \_\_\_\_\_

City, State Zip \_\_\_\_\_

5. Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_

Location of incident \_\_\_\_\_

6. Describe the incident/accident including your reason for believing the City is liable for your damages.

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7. Describe all damages, which you believe you have incurred as a result of the incident.

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8. Name (s) of public employee (s) causing the damages you are claiming.

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\_\_\_\_\_  
**Claimant's Signature**

\_\_\_\_\_  
**Date**

Any person who, with intent to defraud, presents a false or fraudulent claim may be punished by imprisonment or fine or both.